

PREPARATION FOR ANESTHESIA AND SURGERY

I. GENERAL INFORMATION

This document is to provide basic information on the principles of modern anesthesia and procedures to be followed before and after surgery. Do not rely on other people's opinions as they may be based on false information or superstition. Take time to read this information that will dispel your doubts, reassure you and prepare you for surgery. Currently used anesthetic techniques are a fairly recent achievement in medicine. In the past, anesthetic techniques were different, some surgical procedures were even performed without anesthesia. A wide range of reliable anesthetic techniques and pain management methods available today makes any concerns unjustified. The physician providing anesthesia is an anesthesiologist who ensures painlessness, safety and good bodily functions during surgery and immediately thereafter. The task of an anesthesiologist is not an easy one but his/her knowledge and ability to correctly administer fast-acting medications using special techniques and equipment, make anesthesia much safer now than it was before.

II. PREPARATION FOR SURGERY

You will meet an anesthesiologist during a pre-surgery examination i.e. a consultation with an anesthesiologist following a decision requiring surgical treatment. The date and time of the proposed appointment will be communicated by telephone by the Admissions. Anesthesiologist will ask you for information regarding any previous surgeries, medications taken, allergies to sticking plaster, iodine etc. If you suffer from insulin-dependent diabetes, you should have your insulin pen and insulin with you. Anesthesiologist will ask about any past diseases, current conditions, physical and mental state. Therefore it is necessary that you talk to him/her openly and explain your doubts. Following examination and analysis of pre-surgery examination, anesthesiologist will choose the best and the safest type of anesthesia adequate for the type of surgery, your health condition and your preference. Sedation analgesia i.e. general anesthesia, improperly termed "narcosis", may be administered. Anesthesia may be administered only to the part of the body that will be operated on i.e. regional anesthesia, along with sedatives or other agents should it be your preference. You are not allowed to eat 6 hours before surgery or drink clear drinks 4 hours before surgery to avoid nausea and vomiting thereafter. You are allowed to drink small amounts of still water up to 2 hours before surgery. Once you are qualified for surgery you must stop smoking. Immediately before surgery you must remove all jewelry, your watch, false nails (nail tips), nail polish, make-up, take a bath/shower and inform the anesthesiologist if you wear a denture. You are advised to leave valuables at home. Preparation for surgery may require the area to be operated on to be shaved, however you should not do that on your own as it will be done by a unit nurse.

III. ON THE DAY ON WHICH ANAESTHESIA IS ADMINISTERED

Before you are taken to the operating room you will receive a pill or an injection that will prepare you for anesthesia and will cause lethargy and help reduce fear. In a special room before the operating room or in the operating room you will be given an intravenous injection through a needle previously placed in your vein and a fixed drip infusion called IV. Instead of a general anesthesia, you may receive conduction (regional) anesthesia ensuring complete painlessness of the area operated on resulting in a temporary impairment of limb movement. If you wish to remain asleep, you may receive an intravenous hypnotic drug. Anesthesiologist will explain the procedure to you. While under anesthesia and during the surgery, anesthesiologist will closely monitor your breath, heart action, ECG and blood pressure. If need be, the anesthesiologist will immediately take any necessary steps. Homeostasis of body fluids will be restored or you will be given a blood transfusion if need be. Painkillers and sedatives will be administered to you during surgery to eliminate pain. You do not have to fear that you will feel pain or wake up during surgery. You will wake up calm with no pain sensation.

IV. WAKING UP AFTER SURGERY

In the post-surgery period you may find yourself in the operating room or in a special awakening room where qualified nurses together with an anesthesiologist will take care of you until you are fully awake. You will still feel sleepy during that period so you should try to rest. If you feel nauseous, you should inform the personnel about it so that agents which alleviate such symptoms may be administered. Vomiting was characteristic when ether was used as an anesthetic, however this agent is no longer in use. If you have any complaints e.g. pain in your hand where the IV has been inserted, sensation of heavy legs and hands or breathing problems, you should report them to a physician or a nurse who is taking care of you or let them know by gesture. Since you cannot eat or drink after most surgeries, you must have an intravenous drip for administering fluids and medications. Sometimes after a surgery it is necessary to insert a thin tube into a stomach (probe) to remove accumulating discharge. You may also find that there is an oxygen mask on your face. Do not be afraid of all the equipment. It may feel uncomfortable but will speed up your recovery. You must not attempt to remove it yourself.

Deep breathing is extremely important for your lungs. Information on how to breath will be provided by the anesthesiologist or a nurse anesthetist. You may have a throat tickle in the post-surgery period. However you should not feel concerned as complaints and inconveniences will resolve after one or two days.

You may also experience muscular pain or pain in the place where injections were made. However, all those complaints are temporary and last for some time as every human body recovers in its own way. If, having read this information, you still have questions or doubts related to anesthesia or pain management, please consult an anesthesiologist during a pre-surgery consultation.

The consultation takes place on the date and time designated by the hospital administration office.

The date and time of the proposed appointment is communicated by telephone by the Admissions.

tel. 76 72 82 500

WHAT TO BRING TO AN ANESTHESIA CONSULTATION

1. An informed consent to the surgical procedure recommended by the attending physician signed by the patient and the operator.
2. Results of prescribed pre-surgery tests recommended by the operator:
 - basic: (CBC, APTT, INR and blood type), or extended (glucose, TSH).
3. Information: "Preparation for anesthesia and surgery"
4. All medical records in your possession:
 - hospital discharge forms
 - ultrasound descriptions, X-ray results (ECG - obligatory after the age of 60)
 - consultations with medical specialists
 - blood pressure and glucose level charts (regardless of the date performed)
5. You are requested to bring all medications that you are currently on (or names of the medications and information about the drug dose used)
6. Other things requested by the physician (X-ray, CT scan of the sinuses, ultrasound of the abdomen.)

WHAT TO BRING TO HOSPITAL ON THE DAY OF SURGERY

1. The following information "Preparation for anesthesia and surgery"
 2. ID card
 3. Blood type certificate (original copy), with stamps and signatures of lab technicians who performed the test (unless it was provided earlier during the anesthesia consultation)
 4. Dental certificate excluding inflammatory conditions of the oral cavity (Orthopedics Department)
 5. Pajamas, slippers and toiletries (soap, towel, toothpaste and toothbrush, single-use shaver and shaving foam)
- NOTE! DO NOT shave the area to be operated on the day of the surgery!**
6. Medications taken on a permanent basis in original packaging (patients suffering from diabetes should bring their own insulin!)

NOTE! You are requested to leave valuables (jewelry, equipment etc.) at home.

INDIVIDUAL PRE-SURGERY PATIENT INFORMATION

First and last name of the patient:		
Operator:	Type of procedure:	Cost of procedure:
Anesthesiologist:	Type of anesthesia:	
Date and time of the anesthesia consultation:	Date and time of arrival at the unit:	

General recommendations

on an empty stomach*
 full-body bath/shower
 no make-up
 no jewelry

* solid meals (including sweets and fruit) and non-clear liquids (coffee, milk, juice) at least 6h prior to the procedure

* clear drinks (water, tea) at least 4h prior to the procedure

* water in small amounts (to take medication) at least 1h prior to the procedure

PREPARATION FOR THE PROCEDURE - RECOMENDATIONS FOR THE PATIENT - FROM THE OPERATOR

Drug, dose, route and time of administration	
Other	

PREPARATION FOR THE PROCEDURE - RECOMENDATIONS FOR THE PATIENT - FROM THE ANESTHESIOLOGIST

Drug, dose, route and time of administration	
Other	

I confirm that I have read the information about the preparation for the procedure and anesthesia. I have understood the information and carried out the recommendations.

Signature of the patient:	Remarks and a signature of the nurse admitting the patient:
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